

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43124

State File No.

FILED DEC 10 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2826

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL KOCK</u>		c. LENGTH OF STAY (In this place) <u>13 days</u>		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ROBERT KOCH HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>4115 McPherson</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDITH</u>			b. (Middle) <u>HAZEL</u>		c. (Last) <u>YOUNG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 13, 1957</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>12 - 18 - 21</u>		9. AGE (In years last birthday) <u>35</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>WILLIAM SMITH</u>			13b. MOTHER'S MAIDEN NAME <u>DOLLIE SMITH</u>		14. NAME OF HUSBAND OR WIFE <u>GUS G. YOUNG</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>233-38-6487</u>		17. INFORMANT'S SIGNATURE OR NAME <u>RECORD ROOM KOCH HOSPITAL, KOCK, MO.</u>			ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE MYOCARDIAL INFARCTION</u>					INTERVAL BETWEEN ONSET AND DEATH <u>45 minutes</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PULMONARY TUBERCULOSIS, FAR</u>					?
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>ADVANCED</u>				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11 - 1</u> , 1957, to <u>11 - 13</u> , 1957, that I last saw the deceased alive on <u>11 - 13</u> , 1957, and that death occurred at <u>12:10 PM</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Al R. Gorman, M.D.</u>					23b. ADDRESS <u>ROBERT KOCH HOSPITAL, KOCH</u>		23c. DATE SIGNED <u>11-15-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-18-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>11-18-57</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombek</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 1700 Washington Blvd.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

W.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Melvin L. Kemper*

Licensed Embalmer No. *40852*

P. O. Address *Washington*

D. Louis Mc

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

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